



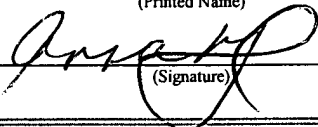
3-20-06

Atty. Dkt. No. 39003.801US01

AF
TFW

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Piccionelli, Gregory
Title: PERFORMANCE
DISTRIBUTION METHOD
Appl. No.: 10/067485
Appl. Filing Date: 02/04/2002
Examiner: Duong, Oanh L.
Art Unit: 2155

| | |
|--|-------------------|
| CERTIFICATE OF EXPRESS MAILING | |
| I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. | |
| EV 700373559 US | March 18, 2006 |
| (Express Mail Label Number) | (Date of Deposit) |
| Anna Vradenburgh | |
| (Printed Name) | |
|  | |
| (Signature) | |

REQUEST FOR CONTINUED EXAMINATION (RCE)
TRANSMITTAL

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application. This RCE and the enclosed items listed below are being filed prior to the earliest of: (1) payment of the issue fee (unless a petition under 37 C.F.R. § 1.313 is granted); (2) abandonment of the application; or (3) the filing of a notice of appeal to the U.S. Court of Appeals for the Federal Circuit under 35 U.S.C. § 141, or the commencement of a civil action under 35 U.S.C. § 145 or § 146 (unless the appeal or civil action is terminated).

1. **Submission required under 37 C.F.R. § 1.114:** (check items that apply)

a. Previously submitted:

- ☒ Please enter and consider the amendment and/or reply previously filed on February 18, 2006.
- ☐ Please consider the arguments in the Appeal Brief or Reply previously filed on ____.
- ☐ Other ____.

b. Enclosed are:

- ☐ Amendment/Reply.
- ☐ Affidavit(s)/Declaration(s).
- ☐ Information Disclosure Statement.

03/20/2006 YPOLITE1 00000127 10067485

01 FC:2801

395.00 OP

LACA_732877.1

-1-

03/20/2006 YPOLITE1 00000127 10067485

02 FC:2252

165.00 OP

- ☐ Form PTO-1449 with copies of ___ listed reference(s).
☐ Other .

Miscellaneous:

- ☐ Suspension of action of the above-identified application is requested under 37 C.F.R. § 1.103(c) for a period of ___ months.

The filing fee is calculated below:

| | Claims as Amended | Previously Paid For | Extra Claims Present | Rate | Fee Totals |
|--|-------------------|---------------------|----------------------|------------|------------|
| RCE Fee 1.17(e): | | | | \$395.00 | = \$395.00 |
| Total Claims: | 20 | - 34 | = 0 | x \$25.00 | = \$0.00 |
| Independents | 3 | - 4 | = 0 | x \$100.00 | = \$0.00 |
| First presentation of any Multiple Dependent Claims: | | | | + \$180.00 | = \$0.00 |
| CLAIMS FEE TOTAL: | | | | | = \$395.00 |

- ☒ Applicant hereby petitions for an extension of time under 37 C.F.R. § 1.136(a) for the total number of months checked below:

| | | | |
|---|-----------|---|----------|
| <input type="checkbox"/> Extension for response filed within the first month: | \$60.00 | 0 | \$0.00 |
| <input checked="" type="checkbox"/> Extension for response filed within the second month: | \$225.00 | | \$225.00 |
| <input type="checkbox"/> Extension for response filed within the third month: | \$510.00 | | \$0.00 |
| <input type="checkbox"/> Extension for response filed within the fourth month: | \$795.00 | | \$0.00 |
| <input type="checkbox"/> Extension for response filed within the fifth month: | \$1080.00 | | \$0.00 |
| EXTENSION FEE SUBTOTAL: | | | \$225.00 |
| EXTENSION FEE ALREADY PAID: - | | | \$60.00 |
| EXTENSION FEE TOTAL | | | \$165.00 |
| CLAIMS AND EXTENSION FEE TOTAL: | | | \$560.00 |
| <input checked="" type="checkbox"/> Small Entity Fees Apply: | | | |
| <input type="checkbox"/> Suspension of action requested under 37 C.F.R. § 1.103(c) | | | \$0.00 |
| TOTAL FEE: | | | \$560.00 |

☐ Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this transmittal is enclosed.

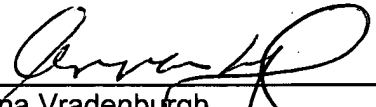
☒ A check in the amount of \$560.00 to cover the filing fee is enclosed.

[] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. _____. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. _____.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date: March 18, 2006
Piccionelli & Sarno
1925 Century Park East, Suite 2350
Los Angeles, CA 90067
Telephone: (310) 553-3375
Facsimile: (310) 553-4120

By: 
Anna Vradenburgh
Registration No. 39,868